

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000183749

**Entity Name:** OPEN WORKSHOP FOR ARCHITECTURE LLC

**Current Principal Place of Business:**

109 N. BRUSH STREET,  
SUITE 150  
TAMPA, FL 33602

**Current Mailing Address:**

109 N. BRUSH STREET,  
SUITE 150  
TAMPA, FL 33602 US

**FEI Number:** 82-2617829

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STREETMAN LAW  
505 E. JACKSON ST., STE. 305  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	SHELL, JESSICA	Name	GARCIA, FADI S
Address	112 S. 12TH STREET, STE D	Address	112 S. 12TH STREET, STE D
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FADI S GARCIA

AMBR

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date